

Continuing Professional Development Program

Patient Record Audit Template



The Royal
Australian &
New Zealand
College of
Psychiatrists



Audit Number (eg 1 of 5)	/	Date	
Record Assessment		Complete <input type="checkbox"/>	Incomplete <input type="checkbox"/>

Patient Information		
Unique Identifier	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Patient Name	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of Birth	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Content		
Entries are accurate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Content is legible	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Entries created in dark ink	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Entry date	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Entry time (24H)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Author identifiable	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Clear, structured and detailed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Written objectively	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Entries are sequential	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Relevant content	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Corrections made appropriately (eg: including 'written in error', dated, printed name)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medical information		
Medical history	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diagnosis and treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Management plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Certificate/s	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Areas for improvement

Comments / Recommendations

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